

Notice of Allowance Data Verification



Application

Application No *

Filing Date

Attorney Docket No

Employee No

GAU

Class *

Subclass *

Inventor Name

Data Verification

Formal Drawing *

☐ Required

☐ Not Required

Oath Or Declaration

☐ Required

☒ Not Required

Biological Deposit

☐ Required

☒ Not Required

No of Claims Allowed *

0

Shts of Drawings

0

Title of Invention *

Correspondence

Customer No

Address

Name Line One *

Name Line Two

Street Line One

Street Line Two

City Name

Postal Code

State/Province

Country

Telephone No

Extension No

Fax No

Email

Dispatch

OK

Close

Clear

Print

Print current window.

djohnson1